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ON PARACENTESIS THORACIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—A few weeks since, you asked for contributions from physicians in the city. I send you a copy of part of a letter to a young friend in Vienna, who had written to obtain my articles on Paracentesis Thoracis, published in the *American Journal of Medical Sciences* (April, 1852), and in the *American Monthly* (January, 1854). This letter may be considered as a continuation of the same subject. It may be asked—why say anything more upon the subject? I have two reasons; viz., 1st, the fact that some of the best men of the profession still doubt the advantage of the operation, and, at times, allow patients to die unrelieved. An eminent surgeon at the West informs me that he permitted one of his own patients to expire from a large pleuritic effusion, because he thought thoracentesis would give only temporary relief. 2d, the following cases are peculiarly interesting, and more important than those previously published. Yours truly,

Boston, May 25th, 1857.

HENRY I. BOWDITCH.

DEAR W.—***** Since my last article on Thoracentesis, I have been more confirmed than ever in my belief of the importance of this operation as a remedial measure, to be used *not as a last resource*, but like any other simple remedy, if necessary, at any period of the disease. I still use the exploring trocar, although, in some instances, where there has been a tendency to a re-accumulation of fluid, I have used a larger instrument.

Since that article (October, 1853), I have operated on thirty-seven persons, and have punctured sixty-one times, either with relief or great relief, in all but one. This person was very intemperate in her habits, and was stupid with liquor when I operated; but the dyspnœa was so very great as to threaten immediate death. She was relieved, temporarily; but sank about twenty-four hours after the operation. With this exception, in not a single instance

was there any untoward result. I cannot forbear giving some details of a few of the more interesting cases.

I.—I took seventy-eight ounces from a thin, nervous woman, who had been ill for six weeks, and who was gradually growing worse. Great relief followed immediately, and afterward there was a steady course toward perfect health.

II.—A lady, four and a half months advanced in pregnancy, had been ill for two weeks. When I saw her, July 26th, 1854, she was threatened with immediate dissolution. Her countenance was distressed and haggard; there was extreme orthopnea, and the wrists were nearly pulseless; the lips were livid; the skin cold and clammy. A brief examination showed the left side of the chest full of fluid. Eight ounces of pus were all that could be removed. The immediately serious symptoms were, however, relieved. Between this date and September 5th, I operated three times, *i. e.*, whenever the symptoms became again severe. On September 5th, I used a larger trocar, and left it *in situ*. In a few days, it was forced out by the expansion of the lung, and could not be re-inserted. The opening healed in spite of my endeavors to keep it open. On Sept. 20th, Oct. 5th, and Nov. 22d, punctures were again made for the relief of symptoms, which, however, never were so bad as before the first operation. On the last occasion, the large trocar was again used, and liq. iodinii compos. injected. Subsequently this fluid was injected several times. Dec. 8th, an abscess formed below the point of puncture. This was opened with a lancet, and all discharge soon ceased through the canula. Nov. 17th, she was delivered of a living child, which, however, was puny, and died in a few weeks. Jan. 15th, 1855, a tumor appeared between the second and third ribs, in front, and, when I saw it, projected an inch from the surface and was soft and fluctuating. It was evidently the pus from the pleura, preparing to form another opening—the fistula below, discharging but little. I declined puncturing it, but made a final, counter and permanent, opening low down at the left side. Jan. 31, she had acute pain and a rubbing sound, evidently from acute pleurisy of the *other side*. Of this, however, she was relieved in a week. From this period she went steadily onward toward health. Feb. 16th, she was gaining flesh, and in March she resumed her household duties. She is now, May, 1857, in perfect health. There is scarcely any contraction of the side, although the respiratory murmur is less in the left than in the right chest. Eight years ago, I think, she would have been allowed to die.

III.—A physician, æt. 60, had been ill for a few months, and had grown worse during a few weeks preceding my being called in consultation. He dreaded the operation, from his professional fear of it, and it was delayed. Finally, feeling that he was growing weaker, he consented to allow the puncture. One hundred

ounces (!) of clear serum were removed, and with entire relief. No return of the fluid. The lung expanded in a few days, and in a few months he had his usual health, which is now perfect.

IV.—I saw (December 11, 1855) a seaman, æt. 73, with chronic cardiac disease, general dropsy of the chest, abdomen and extremities. He had had, for several weeks, permanent orthopnoea, and seemed gradually sinking. The right side of the chest was full of fluid. The operation of thoracentesis was suggested, as a means of temporary relief. Ninety-one ounces (!) of serum were removed. No return of the fluid. The lung, in a few days, was fully expanded. The general dropsy disappeared, and with it all the severe symptoms, except the usual dyspnoea attendant on chronic cardiac disease in the aged. He lived in comparative ease for a year, and then died, suddenly, of his heart complaint.

V.—I saw an Irishwoman with Dr. Buckingham. She had been ill three months, and was unable to attend to her household duties. The sole disease was an effusion into the chest. Dr. B. punctured and removed sixteen ounces of serum. No return of the fluid; vast relief to every symptom ensued. In a week she felt well enough to resume her daily work, and the lung was fully expanded.

VI.—April 2d, 1856, I saw, in consultation, a girl æt. 6 years, who had been ill six weeks, and at the time of my visit was considered nearly moribund. I have no doubt she would have died if thoracentesis had not been performed. She had intense orthopnoea, great distress of the countenance and lividity of the lips, nails, &c.; cold extremities, with a rapid, feeble pulse. There was flatness on percussion over both backs, which on the left side extended to the apex. At the right there was an obscure crepitation. At the left there was no rale, and very obscure respiration. I punctured the left back, and could remove only four ounces of pure pus. Much relief, however, followed, and continued until the 7th (five days), by which time she was as badly off as before, and I again saw her. The attending physician had little hope of relief. I could scarcely have any, because of the complex and extensive character of the complaint on both sides. Nevertheless, I was unwilling to give up, without further effort. I determined to use a rather larger trocar (having previously, in all the operations cited in this paper, except the second case, used the exploring trocar and suction pump) and leave it in the wound. Several ounces of pus *gushed* out, and with the same relief as before; but, unfortunately, in four or five days, the instrument was pushed out by the expanding lung. The opening soon closed, in spite of all endeavors on the part of the attending physician to prevent it, by probing, &c. On the 23d of the same month (16 days) a new operation was needed, owing to a return of all the above-described symptoms.

In consequence of the illness of the medical attendant, I subse-

quently took charge of the patient. At first, I used a common-sized trocar, and removed several ounces of pus. In about 48 hours, I withdrew the instrument and introduced a shorter one. This was afterward changed for one that passed merely between the ribs, and projected but very slightly into the thorax. I could not prevent air from entering each time the wound was dressed. I used no injection, but administered to the patient *fusel oil*, two drops, three times daily, and ordered a nutritious diet. Very gradually, the lung expanded, but the tube remained in the opening until June 30th (68 days), when it was finally removed, there having been no discharge for four days. The respiratory murmur was then heard down to the point of puncture. The congestion, or chronic pneumonia of the right lower lobe, continued for weeks afterward. The improvement, however, in the rational signs was steady from the moment of the last operation. The patient is now, May, 1857, in perfect health, and no difference in form or respiratory murmur is perceptible between the two sides of the chest. She is without a single sign, either rational or physical, of the former disease, except the slight cicatrix at the point where I operated. I have no doubt whatever that *thoracentesis* saved her life.

VII.—About the same time that I was attending the preceding patient, I was called to another, a girl, *æt.* 11 years. She was suffering with great and constant dyspnœa, with accesses of severe orthopnœa, which threatened suffocation. The attack of pleurisy was recent, and the right side was evidently full of fluid. May 16th, I drew off thirty-two ounces of pus. Great relief ensued; but, on June 1st (14 days), she had a return of the suffocative accesses, and there were signs of a re-accumulation. I punctured near the point at which I had operated previously: There was complete dullness on percussion, and only a very distant sound of respiration was heard there. But I evidently punctured the lung, as nothing but a drop of blood followed the withdrawal of the trocar. Fully convinced, by the result, of the exact state of the parts, I immediately decided to operate in another place, in front, where the flatness was as great and less respiratory murmur was heard. I accordingly instantly withdrew the instrument and inserted it in front, and an inch higher up. *Eight ounces* of pus, of honey-like consistence, were withdrawn. From that moment, all serious symptoms disappeared. *Fusel oil* was used, with nutritious diet; and perfect health, with greater robustness than she had exhibited previously to her illness, were the results.

In this case, I presume that adhesions had formed behind, and the thick membranes, with a want of expansion of the superficial vesicles of the lung, caused the dullness on percussion, and the almost total absence of respiration.

VIII.—This case was similar to Case IV.; viz., an old man, with

cardiac disease and effusion consequent thereupon. Orthopnoea and symptoms of approaching dissolution were wholly removed by a puncture and the withdrawal of *thirty-six ounces* of serum. The patient died, several weeks afterward, of his heart affection. Here the operation was undertaken solely for the relief of urgent symptoms.

IX.—A man was many years ill, and supposed to be phthisical. I was called in consultation upon him, suffering from an acute attack of pleurisy, with an effusion of three weeks' duration. At my visit he was preparing his will. He had had some very severe paroxysms of dyspnoea, in which all his attendants, together with his physician, thought him dying. I removed *sixty-four ounces* of serum with complete relief. The lung expanded within twenty-four hours, and in three weeks he was out of doors and in full business. He continues still in his previous health, *i. e.*, probably phthisical, but able to attend to all the duties incumbent on him as the head of a large business house.

I have thus given you the more interesting of my recent cases. The notes are very brief. The records I have of them are ample. In a word, since April 17th, 1850, I have operated upon sixty-two individuals, of both sexes and all ages. I have punctured one hundred and eleven times. I know of nothing in practical medicine which has afforded me more satisfaction than this simple operation. I use designedly the expression—practical *medicine*, in contra-distinction to surgery. The perfect simplicity of the operation, to one satisfied of the correctness of his diagnosis, allies it to venesection or vaccination. I am well aware that many will wonder, and some perhaps will scoff at this classification. To such I would say—Do not theorize on your fears—*try the operation*, and then you can judge more clearly. You will find that, as performed in these cases (*viz.*, with the exploring trocar), it is, 1st, as a general rule, less painful than a blister; 2d, that (if I may judge from my cases) it *never* does harm; 3d, when fluid is obtained, it *always* gives relief, either temporary or permanent; 4th, that very often it is the chief, if not the sole means capable of relieving severe symptoms, and even of saving life."

If these statements are true—and I am as convinced of their truth as I am of anything in my whole medical experience—I am justified in asserting, that a physician does wrong and acts foolishly who allows any patient to suffer months or years of misery, or even death itself, from pleuritic effusion, at any age—from any cause and with any complications—without at least a *trial of thoracentesis*. I write thus strongly because I fear that surgeons, of even the highest reputation, still shrink from performing this operation. This fear, I presume, is owing to their considering it as similar to the operation laid down in all, or almost all, of their own

manuals. From that operation they ought in most cases to shrink. That which is here advocated is of a totally different character, and is, so far as my experience goes, harmless.

ANEURISM OF THE ARCH OF THE AORTA.

[Communicated for the Boston Medical and Surgical Journal.]

E. B., of Dodgeville, æt. 49, died August 31, 1856, in consequence of some morbid growth within the cavity of the right chest, supposed to be either an aneurism of the aorta or a medullary cancer of the right lung.

Twenty-four hours after death, an examination was made by Dr. Collins, of Providence, R. I., in presence of Dr. S. Clapp, attendant physician, and Drs. Gardner, Morton, &c., eliciting the following facts.

Appearance of the Body.—Cadaveric rigidity; countenance disfigured by congestion; the superficial bloodvessels of the right chest and throat also very much congested; considerable emaciation; œdema of lower extremities. Upon opening the thorax, the sternum broke near its articulation with the third rib, with but little force, there having been much absorption of the bone; it was afterward discovered that the right third rib was partially absorbed, at least an inch and a half of its sternal end. *In situ*:—Heart and left lung appeared normal; but a small portion of the right lung to be seen, the cavity being filled with serum, upon which seemed to float a large globular tumor. Removed from left chest over half a pint of serum, from the pericardium twelve fluid ounces, and from the right chest at least three pints.

The existence of an enormous aneurism being evident, it was attempted to remove the mass without rupturing the sac, but its adhesions to the rib rendered it impracticable. Upon its rupture a great quantity of fluid blood and coagula escaped. This sac contained nearly a quart, compressing the lungs backward and downward. The common carotid, innominate and subclavian arteries issued from the apex of the tumor; the aorta was much dilated, the commencement of the aneurism being marked by a firm, inelastic ring, resembling cartilage; the sac was lined with successive layers of coagula, the outermost being partially organized; athromatous deposit very great between the valves and the ring, much resembling the scales of a fish.

There was slight fatty degeneration of the heart; liver of normal size, granular; kidneys enlarged and granular; spleen highly congested; slight effusion into the abdominal cavity.

History.—This man had suffered much in former years from rheumatism. He first complained of chest trouble in 1850, then

supposed to be asthma. In 1852, a physician of Worcester diagnosed some cardiac disease, but could not determine its exact nature.

At the time of Dr. Clapp's first attendance, in the spring of 1856, the symptoms were as follows: front right chest more prominent than the left; the superficial bloodvessels of that side and the jugulars were much dilated and turgid; the slightest exertion caused excessive dyspnoea and extreme lividity of the face; complete dulness upon percussion over the whole of the front right chest; entire absence of respiratory murmur in front; slight bronchial respiration at the back.

M. F. DELANO, M.D.

North Leominster, April 15th, 1857.

APPARATUS FOR FRACTURED CLAVICLE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSERS. EDITORS,—I constructed the following apparatus for the purpose of preventing, in a measure, the deformity which so frequently results from fracture of the clavicle; and trial has proved it adequate to the object designed. If you think the description here given worthy a place in your valuable Journal, it is at your service.

The apparatus consists of a short crutch, the shank of which is made of two pieces of steel, so as to slide up and down, and adapt its length to the height of the individual. At the top of the shank is attached a crescent-shaped piece of wood, to be padded in the form of a wedge; and at the lower part of the shank is a small foot-piece made to rest in the pocket of a broad leather belt, which is to be placed around the waist.

It is applied in the following manner. The belt is buckled around the waist, with its pocket between the anterior superior spinous process of the ilium and the *symphysis pubis*; the foot-piece is then placed in the pocket of the belt, the wedge in the axilla, and the arm drawn over the wedge until the elbow touches the side, where it is confined by a roller, or by other means.

All the indications required in the treatment of this fracture are thus accomplished; the shoulder is carried upward by the length of the crutch, outward by the pad, and backward by the direction in which the upward force is exerted.

The apparatus is cheap, and advantageous on account of its permanency; when well made and properly applied, it needs no interference until the cure is effected.

Yours obediently,

Albany, N. Y., April 22d, 1857.

H. M. WEEDON, M.D.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

APRIL 27th.—*Hypertrophy of the Heart; Contraction of the Mitral Valves; Marked Effects of Digitalis; Death; Autopsy.* Dr. ELLIS showed the specimen, and the case was reported by Dr. GOULD.

The patient, C. R., was a German woman, aged 32; of small size; married. She had been troubled with shortness of breath for two years, and with occasional pain in the left breast. Since Christmas she had been gradually growing worse. She had never been confined to the bed; had never had rheumatism; and had had no cough till within a few days. Swelling of the abdomen and limbs commenced four or five weeks since. The urine had been rather scanty. On the 9th of March, when Dr. G. first saw her, the respiration was labored, and numbered 36 in the minute; the pulse 114, and feeble. She was unable to lie down. The left chest was resonant, with a loud respiratory murmur at its apex; in the right, the murmur was nearly inaudible. The first sound of the heart, very loud and double; second, feeble. The hands were cold and livid; the abdomen protuberant, being much distended with flatus; the feet were much swollen; the cough was moderate, and the expectoration consisted of frothy mucus. Pulse 120. Urine not albuminous.

The spirit of nitric ether and bitartrate of potash were given, and on the 15th of March, the cough had diminished, the murmur was less audible, and the resonance pretty good, the pulse varying from 100 to 108. The tincture of digitalis was now ordered, in the dose of 30 drops, three times a day; the pulse gradually became diminished in frequency under its influence, being, on the 27th, only 62. The dose was now reduced to fifteen drops, the pulse continuing to diminish, being, on the 29th, 54; the dose was now reduced to twelve drops. April 2nd, the pulse was only 44, when the medicine was ordered to be omitted. On the 3d and 4th, it continued about the same. On the 5th, it was 80, and intermitting; on the 6th, the skin was livid and cool, the respiration 60, and the patient died on the morning of the 7th.

Autopsy, 13 hours after death, by Dr. ELLIS.

The brain was normal.

The right pleural cavity contained three pints, and the left, one pint and a half of serum. The pleural surfaces of the right side were united by old, strong, filamentous, vascular bands, considerably elongated.

The lower lobe of the right lung was smooth and rounded, its lower edge being folded over and adherent; it was compressed to such a degree that portions sank in water. The upper lobe was crepitant; weight, 14 ounces. The lower lobe of the left lung was somewhat compressed inferiorly; the remainder of this and the upper lobe was crepitant; weight, 13½ ounces. Both lungs were dry, and firmer than usual.

The pericardium, externally, measured vertically, 7 inches; transversely, 6 inches, and contained eight ounces of serum.

The heart was large, and distended by blood, much of which was coagulated; weight, 13 ounces. Both auricles and the right ventricle were hypertrophied and dilated, the walls of the latter being as thick

as those of the left ventricle, and firmer. The *columnæ carneæ* were much thickened. The *left ventricle* appeared in every respect natural. The *mitral valve* was much thickened, and its orifice admitted only the tip of the fore-finger. Near the free edges of the valves of the aorta and pulmonary artery, were several perforations, which could not have interfered with the performance of their functions. The *pulmonary artery*, just above the valves, was 4 inches in circumference; the *aorta*, at the corresponding point, 2½ inches.

The *peritoneal cavity* contained nine pints of serum.

The *liver* was rather dark colored, and weighed 2 pounds, 2 ounces.

Just beneath the convex surface of the *spleen* was an irregular, yellowish white mass, of considerable consistence, two inches in length by one in breadth, continuous and connected with the surrounding tissue, which was not remarkable. Weight, 4 ounces.

The *kidneys* were small and firm.

The *uterus* was very firm, and there were several small cysts in the ovaries.

MAY 11th.—*Adhesion of the Gall-bladder to the Duodenum, followed by Ulceration; the passage of a Gall-stone into the Intestine, causing Obstruction and Death.* Case reported by Dr. EZRA PALMER.

Mrs. M., æt. 43; became a widow in 1848; she was the mother of three children, the youngest being 13 years of age; she was of medium height and vigorous frame; her complexion was dark-sallow.

During the year 1856, complaint was frequently made of distress at the pit of the stomach, not sufficiently severe, however, to interfere with the performance of her duties, or to curtail her liberty. Without exhibiting distinctive evidence of dyspepsia, she was, nevertheless, supposed to suffer from some sluggishness of the digestive organs, and was correspondingly treated.

On the 17th of January, 1857, she was seized with violent intestinal pain, referred at times to the pit of the stomach, then to the umbilical region, then to either side of the abdomen. It occurred in paroxysms, and was complicated with much retching and vomiting. The pulse was not accelerated. The seizure appeared to be ordinary colic. Relief was obtained in a few hours, and by the third day following the attack she was able to be about her chamber.

After an interval of seven days, on January 26th, these violent paroxysms of spasmodic pain recurred. The attack resembled the preceding one in all respects, with the exception of having a longer duration and being followed by a more protracted convalescence. The patient was confined to her chamber for eight days.

After the lapse of thirty days, on March 5th, a third seizure occurred. Relief from the intense pain was soon procured, but the patient had a still more prolonged convalescence, being unable to leave her residence for about five weeks.

After a condition of comparatively comfortable health for twenty days, a fourth attack occurred April 29th, of far greater severity than either of its predecessors, with more intense paroxysmal pain, severer retching and vomiting; constituting that condition of agony, in fact, which characterizes the extremest attacks so graphically termed the *iliac passion*. Morphine having failed to produce that permanent benefit which it afforded in the previous attacks, the inhalation of ether was resorted to, on May the 2d, at noon. The patient became

free from pain at 3, P.M., between which hour and 10, P.M., she had five copious, thin, yellow discharges. These were followed by great prostration, and she died at 5 o'clock on the morning of the 3d.

The condition of the stomach during the year 1856, and the repeated illnesses of the present year, had established an accurate system of diet and regimen, so that, quite early, some organic or mechanical intestinal obstruction was suspected.

The absence of continuous pain at the scrobiculus cordis, the want of an icteritious tinge in the conjunctiva and the surface of the body, and the healthy color of the evacuations from the bladder and intestines, precluded the supposition of an obstruction of the gall-ducts.

Autopsy by Dr. ELLIS.

The gall-bladder was much contracted, and firmly adherent to the duodenum at a point situated a short distance below the pylorus. In this part of the intestine were two openings, with irregular, ragged margins, one perhaps three lines in diameter, the other sufficiently large to admit the fore-finger, and evidently recent, although the mucous membrane around it was not particularly vascular. By means of the largest of these openings a free communication was established with the gall-bladder, which contained some inspissated biliary matter. Its parietes were much thickened. The ducts were pervious, the cystic being even much smaller than usual.

The small intestine was, externally, somewhat reddened. Within it, at a point one foot above the cæcum, was a dark-brown, nodular, and in some parts, granular gall-stone, upward of an inch in diameter, and weighing 104 grains. Though still movable, it seemed to be in close contact with the lining membrane, which was but slightly if at all more vascular than usual. The intestine above the calculus contained a large quantity of thin, yellowish fluid.

The other organs, with the exception of the brain, were examined and found healthy.

MAY 11th.—*Polypus of the Rectum.* Dr. ELLIS showed the specimen, which was taken from a hospital patient, under the care of Dr. GOULD, who had died of cardiac disease so short a time after entrance that no thorough examination of the case could be made.

Attached to the posterior wall of the rectum, at a point seven inches from the anus, by a pedicle upward of half an inch in diameter, was a soft, highly vascular, lobulated and villous, cauliflower-like excrescence, about two inches in diameter, rising from half an inch to an inch above the surrounding surface. It apparently involved the mucous coat alone.

Microscopically, it was composed of much elongated, granular, nucleated cells, some of which resembled long columnar epithelium, and were arranged, like the last, in close juxtaposition. Others, though elongated in the same manner, had more irregular outlines, and resembled cells found in a variety of morbid growths.

MAY 11th.—*Siliceous Calculi from the Bladder of an Ox.* Dr. BACON exhibited a large collection (over 600) of very small cream-colored calculi, which were found by Dr. J. B. S. JACKSON, adhering slightly to the interior of an ox-bladder. The largest measure about a line in diameter. Nearly all are regularly spherical, with a smooth surface. They are sufficiently hard to scratch flint glass. Some exhibit indistinct concentric layers, but no crystalline structure occurs in any. On

chemical analysis, by Dr. Bacon, they are composed of silicic acid chiefly; with a little animal matter, partly fat; a little chloride of potassium, and traces of other potash and soda salts. Boiling nitric acid slowly penetrates the calculi, and dissolves out the organic and saline matters, rendering them translucent. After this treatment, they retain the original form and hardness; and when washed and dried are quite white, and consist of pure amorphous silex. The specimens in the tube-vial exhibited have been thus treated. Traces of silex occur in the normal urine of the ox and various other animals, and have also been found in that of man; but genuine siliceous calculi are of exceedingly rare occurrence.

Bibliographical Notices.

An Exposition of the Signs and Symptoms of Pregnancy, with some other Papers on Subjects connected with Midwifery. By W. F. MONTGOMERY, A.M., M.D., &c. &c.

COMPARING, as they now lie side by side before us, the graceful, maidenly-looking volume put forth by Dr. Montgomery just twenty years ago, with the fully-developed, portly tome of six hundred pages just issued, we must say that the latter exhibits "signs of pregnancy" which cannot be mistaken. And truly upon opening it, every page teems with the fruits of the author's thought and research, and yet delivers its burden without travail, in that pleasant, free and full style which marks all of Dr. Montgomery's papers.

But after reading the six hundred pages, are we prepared in any given case to affirm without doubt—say with the assurance of an oath in a medico-legal case—that the subject is or is not pregnant? We are forced to say, *no*. "Human nature is very uncertain," and never more so than when about to repeat itself. This work, with all its addition of symptoms, with all its increased luminosity of reasoning and its careful analyses, only convinces us more than ever that we have as yet found no touchstone, no magic mirror to reveal the mysteries of that most mysterious receptacle for "the coming man." And yet we do not think it the least valuable lesson taught us by this valuable book, that this uncertainty does still exist in full force for the earlier months of pregnancy. We must learn from it caution, and to strive the more diligently—by a greater accumulation of signs and a nicer collating of them—to attain a still nearer proximate to certainty, and possibly in this we may reach that happy goal.

Putting aside this one point of unsatisfaction, the rest of the book presents an immense fund of most important facts in the physiology of pregnant women. Some of these are brought out now for the first time, and many are expatiated upon and their importance urged as has never before been done. Among the first that arrests us, is the still vexed question as to the influence of the mother and her mental impressions upon the fetus in utero. The facts here are accumulated greatly, and sorted out carefully, as bearing upon this or that point, until we can scarce conceive of the reader not giving his hearty as-

sent to the proposition that the mother does mentally and bodily exercise a perpetual influence upon her product *a coitu usque ad partum*. We cannot here open up all this subject, but we will present one or two points for consideration. The lower order of animals, and woman—possibly to a less degree (inasmuch as the mental so much preponderates over the physical)—give us instances of the impress of the first father being conveyed to the offspring of a second. If this is possible, how much more readily may the direct influence of the mother affect the offspring. Next, the physical, the mental and moral qualities of the mother, go to the product, undoubtedly. Might not accidental modifications of these go also, if sufficiently powerful? But instances are given where the mother was subjected to violent mental and moral perturbation, and yet nothing came of it to the child. This may be; but we insist here, as we have elsewhere, on the importance of this distinction. An impression may be very violent—disgust or terror very intense—but very transient. The system, or that particular part of it perturbed, soon rallies, and there is no result. On the other hand, the impress may be trifling, yet persistent—*ut gutta lapidem cavat*—it may make its mark. We hold, therefore, that negatives in this case prove nothing; whilst positives, multiplied to put them beyond the pale of suspicion or coincidence, ought to prove and have proved all that we ask.

We wish that Dr. Montgomery had given a separate chapter to a subject which he touches upon repeatedly and always illuminates, but of which we think it would not have been out of place to have given a fuller exposition—the physiology of the young female at the first pulse of the *nisus formatura*—the first throb of the *Bildungstrieb*, as our German friends aptly term it—to the majority, we hope, of the sex, a dawn of new power, hopes and energies, but to many the first foreshadowing of as grievous a sequence of pain, suffering and utter ruin as ever overwhelm mortality. Surely this period, then, is as greatly important, and even more fully fraught with consequences to the individual, than that other critical point in a woman's life, when her powers in maternity cease; and our own note-books could furnish, had we space for it, some most interesting illustrations of this importance.

Menstruation during pregnancy is enlarged upon to the utmost by the author, as one of the signs which may confound us greatly in our attempts at a diagnosis; and though he seems to have exhausted the subject as far as an exhibition of cases goes, he yet can furnish no discriminating test by which we can detect cases in which this function may still continue and pregnancy at the same time proceed normally and to a happy termination.

Upon the mammary symptoms, Dr. M. is very full, and to them he attaches great importance. In the American edition, the beautiful and accurate plates illustrative of the phases of the areola are very wrongly omitted. With regard to the high value he puts upon these, and particularly to the condition of the follicles or tubercles of the areola, we cannot doubt that in the main he is perfectly correct; but a case of our own, a year since, makes us inevitably abstain from assigning to them the infallibility which the author would claim for them. In this case the deep color and the development of the follicles were

as pronounced as in any case of pregnancy we ever saw; and, moreover, the clothes were always found sticking to the nipple from the exudation of a viscid secretion, and yet, beyond doubt, no pregnancy existed.

The chapter upon the changes of the uterus is very full; but we are surprised to find that the mucous plug of the os does not occupy more space and excite more attention. Like all other signs of pregnancy, except those of its later days, it is highly fallible; but we have thought it, when carefully examined, worth much as an adjuvant to or corroborator of others.

On auscultation, Dr. Montgomery is very full—indeed he could scarcely be more so—not only as a means of diagnosis of pregnancy, but also of other conditions of the uterus. It elicits the only sure sign—the pulsation of the fetal heart—one, unfortunately, which does not commence until the pregnancy has progressed to half its period, and not always then available, for obvious reasons.

The dusky hue of the vagina, the abdominal line, and kysteine, are discussed at length, and to each a very high value given. The chapter upon morbid products of the uterus is one of the most interesting in the book, and is illustrated with a great number of most valuable cases. The whole physiology of the ovary, the corpus luteum and its phases, is gone into with a fulness and completeness which leaves us nothing to desire.

Another division of this copious book is devoted to the period of human gestation, in which the question is examined at its fullest length. We have often wondered at the pertinacity of the claim of some physiologists for precision on the part of the woman in gestation, when it is so well known that the lower animals, not subject to one tithe the perturbing influences that woman is, are very irregular. But this argument for allowing woman variation in the duration of her child-bearing, we have never yet seen urged in any of the numerous cases that have occurred in which this question has been of vital importance. Several tables are given, of carefully-selected cases. These exhibit a range of from 35 (one case) to 42 weeks—that is, from 242 to 303 days.

"Evidences of Delivery" claims another division, presenting us some curious and useful matter, and reminding us of a strange case which was given in one of the French journals, where by means of a placenta obtained from another woman, and certain other factitious evidences of delivery, an attempt was made to obtain the evidence of the physician to the birth of a child. Something excited his suspicions, and although the whole affair was well gotten up, he had no difficulty in demonstrating to himself that no birth had occurred.

An admirable paper upon spontaneous amputation, and other lesions of the fetus in utero, completes this admirable volume—itself a cyclopædia of medical science upon the subject on which it treats, up to the present day.

The American edition, in point of type and paper, is scarce if any inferior to the English; but we must again notice the omission of the plates illustrative of the mammary areola—an omission not trifling, when the importance Dr. M. attaches to this is considered.

W. E. C.

A Manual of Examinations upon Anatomy, &c. Especially designed for the use of Students of Medicine. To which is added a Medical Formulary. By J. L. LUDLOW, A.M., M.D., &c. &c. A new edition, thoroughly revised and much enlarged. With three hundred and seventy illustrations. Philadelphia: Blanchard & Lea. 1857. 12mo. Pp. 816.

THE above is, in short, the title of a volume of 816 pages; one of that class of volumes which we are always delighted to have an opportunity to notice. Anatomy, physiology, surgery, practice of medicine, obstetrics, &c., materia medica, pharmacy and therapeutics, are each treated of in as great a space as can be well given to each, in addition to a "formulary of 453 prescriptions." We should not forget, that there are also three hundred and seventy wood-cuts, not engraved expressly for this work, but valuable, because they have been proved in Wilson, Carpenter, Royle, Pereira, Druitt, or some other author, whose works are known to the world.

A work of this kind may be useful in two ways; it may serve to assist the student in taking a general review of all that he has been occupied upon during the years of his pupilage, that he may be prepared for examination; or it can be employed by the practitioner as a manual to which he can occasionally turn to refresh his memory of those branches of medical science which are not necessary for the routine of daily practice. For either of these purposes, such a work may be of great value, provided it be accurate and sufficiently minute. We regret to say that we cannot recommend Dr. Ludlow's work in respect to the former qualification. It is full of errors, some of them typographical, many of them apparently from, to say the least, the greatest carelessness on the part of the author. Of these errors, those in orthography are the most striking, and can only be accounted for by supposing the writer to be ignorant of the Latin language. He talks about the "pterygoideus externus muscles," the "mylo-hyoideis muscles," the two "costa" of the scapula. The word *ileum* is written "ilium" in every instance in which it occurs in the section treating of that portion of the intestinal canal. We notice, "corpus sesamoideum aurantii" (for *Arantii*), "per vaginum," "chinchona," an "exantheme," "ischuria renales," "the areated alkaline bicarbonates," "eremacaus." The above are a small number of errors which may be noticed in glancing over the book.

In his style the author has not been more fortunate. In answer to the question, What is the treatment of *scrofula*? he replies, "It should be hygienic in a high degree, and a resort to the vegetable alteratives, &c." We are at a loss to know what is the meaning of the terms "gastro-enteritè" and "dothinenteritè," which are "among the general pathological characters of remittent fever." "What is the character of *enteralgia*?" the student is supposed to ask; the reply is succinct—"generally neuralgic"! "Are the kidneys subject to many morbid alterations of structure? Yes, but most of them are of rare occurrence"! We wish it were so.

Apart from the deficiencies and errors of this book, we object to the style of question and answer in which it is written. A very large space now occupied by the questions might be much better filled with matter, or be left out, thereby diminishing the size and price of the book. In reading it we are strongly reminded of the questions and

answers at the "grinding class," in the "Physiology of the London Medical Student." Take the following, in reference to the *Cowhage*, which really teaches as much, is quite as good English, and much more likely to be remembered, than anything on the subject in Dr. Ludlow's book.

"Now, Mr. Muff," says the gentleman to one of his class, handing him a bottle of something which appears like specimens of a chestnut colt's coat after he had been clipped; "what's that, sir?"

"That's cow-itch, sir," replies Mr. Muff.

"Cow what? You must call it at the Hall by its botanical name—*Dolichos pruriens*. What is it used for?"

"To strew in people's beds that you owe a grudge to," replies Muff; whereat all the class laugh, except the last comer, who takes it all for granted, and makes a note of the circumstance in his interleaved manual.

"That answer would floor you," continues the grinder. "The *dolichos* is used to destroy worms. How does it act, Mr. Jones?" going on to the next pupil—a man in a light cotton cravat and no shirt-collar, who looks very like a butler out of place.

"It tickles them to death, sir," answers Mr. Jones.

"You would say it acts mechanically," observes the grinder. "The fine points stick into the worms and kill them. They say, 'Is this a dagger which I see before me?' and then die. Recollect the dagger, Mr. Jones."

The volume is terminated by a long collection of formulæ. We doubt the propriety of introducing them into a work intended chiefly for medical students; but if they must be there, let them be written either in English or in Latin, and not in a horrible jargon, compounded of the two languages, with words belonging to neither. What, for instance, is the meaning of the following: *R. Pv. stani* [the author always employs but one *n* in writing this word], *℥ss.*; *Dolic. mucun.*, *℥i.* *M. Ft. chts.* *No. ii.* *S.* One in the morning. "*Ft. chts.*" is a favorite symbol with Dr. Ludlow; we should be glad to be informed how he would write the words in full.

In conclusion, we must say that we regret to speak unfavorably of Dr. Ludlow's work, but our duty compels us to withhold any recommendation of it, and we can only express our surprise that while there are already so many excellent manuals for the use of students, one so inferior should be added to the list.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 4, 1857.

AMERICAN MEDICAL ASSOCIATION.

THROUGH the politeness of the editor of the *Nashville Journal of Medicine and Surgery*, we have been favored with a full report of the Tenth Annual Session of the American Medical Association, which was held at Nashville, May 5th, 6th and 7th. The number of delegates, permanent members, and members by invitation who were pre-

sent, was, according to the Report, 160. We are disappointed in the smallness of the attendance from this section of the country, only two delegates having been present from the New England States, neither of whom were from Massachusetts. The meeting passed off with great harmony and good feeling, and although the transactions appear on the whole to have been of a less important character than usual, they were by no means wanting in value or interest.

The meeting having been organized, Dr. C. R. Winston, Chairman of the Committee of Arrangements, made a short address, welcoming, in the name of the city, the members of the Association. The roll of delegates who had registered their names, was then called, after which the President, Dr. Zina Pitcher, of Detroit, pronounced the annual discourse, concerning which we have no opinion to offer; we content ourselves with quoting the following paragraphs, *verbatim et literatim*:

"In adjusting our telescope, to study the features of some snow-clad mountain, the organ of vision perhaps takes in the form of an enterprising explorer, whose feet still sparkling with ice as he descends from its summit, will crush out the fragrance of the plants which spring up to greet him as he walks downwards into the valley of flowers. From the eminence attained by his enterprise he could trace the course, and measure the elevation of the mountain chain, which give origin and direction to the rivers, effect the commerce, the languages and migrations of men, fix the character of the vegetation, the abode of its mammalia, and the habits of its population.

"Subsidiary to the interest excited by this scene as a landscape, but not subordinate in importance, lies the geographical formation of the ranges which contain their mineral productions, give character to their fountains and increase to the variety and beauty of the vegetation, both on the slope of the mountains and in the valleys below."

In reading the report of the proceedings we were struck with the number of instances in which the committees failed to make reports, there having been fifty-three instances of such failure, while only ten committees reported in full, besides one or two which presented a partial report. Three voluntary communications were recommended for publication, as follows: 1. A New Principle of Diagnosis in Dislocations of the Shoulder-Joint. By L. A. Dugas, M.D., Prof. of Surgery in the Medical College of Georgia. 2. Medical Statistics of Washington Territory. By George Suckley, M.D., U. S. A. 3. Medical Flora of Washington and Oregon Territories. By J. G. Cooper, M.D.

The important subject of Medical Education was discussed by the Association. Dr. Boring, of Georgia, offered a series of resolutions to the effect that the Association has not the power to control the subject of medical education, but should confine itself to the advancement of medical science, and the promotion of harmony in the profession. Dr. Currey, of Tennessee, offered the following resolutions as a substitute, which were finally adopted.

"Whereas, The subject of Medical Education has been committed at each annual Session to Standing Committees, and various suggestions have been proposed, which the Association has adopted, and recommended to private instructors and to the Medical Colleges—

"Resolved, That a committee of five be appointed by the Commit-

tee on Nominations, as a Special Committee, to be composed of members who are in no respect connected with any Medical School, to devise a *System of Medical Instruction*, to be presented for the consideration of this Association at its annual Session in 1858.

"*Resolved*, That the proposed system shall set forth a uniform basis, upon which our Medical Institutions shall be organized, as well as have reference to the best mode of securing the Preparatory Medical Instruction to the Student, and that consequently the legitimate subjects to be embraced in said system, will include Primary Medical Schools—the number of Professorships in Medical Colleges, the length and number of terms during the year, the requisite qualifications for graduation, and such other subjects of a general character as to give uniformity to our Medical system, and preserve harmony and friendly intercourse in the ranks of the profession.

"*Resolved*, That, upon the adoption of the proposed system by the Association, all Institutions which may conform to it shall be entitled to representation at the Annual Sessions of this Association, and none others."

The Committee on Nominations subsequently appointed the following gentlemen as members of the Committee on Medical Education:

G. W. Norris, of Philadelphia, Chairman; A. H. Luce, of Illinois; E. R. Henderson, of South Carolina; G. R. Grant, of Tennessee; T. S. Powell, of Georgia.

The Committee on Nominations also recommended an amendment of the third article of the Constitution, in relation to meetings, by inserting after the words "first Tuesday in May," the words, "*or the first Tuesday in June*;" and also by inserting after the words, "shall be determined," the words, "*with the time of meeting*." This change is made for the sake of enabling the meeting to take place later in the season, when it is held in a northern city. It will doubtless be found to be of much advantage. The month of May is often cold and disagreeable in our latitudes. June is our real Spring-time, and that month is also the best for those coming North.

The Committee on Prize Essays reported that four essays had been received, from which two were selected as worthy of the prizes which were provided for at the last meeting of the Association. They were, 1st, one on "The Excreto-Secretory System of Nerves; its Relation to Physiology and Pathology." By Henry Frazer Campbell, of Georgia; and 2d, "Experimental Researches relative to the Nutrition, Value and Physiological Effects of Albumen, Starch and Gum, when singly and exclusively used as Food," by William A. Hammond, M.D., Assistant Surgeon U. S. Army.

The following resolution was offered by Dr. Pitcher, and unanimously adopted.

"*Resolved*, That a committee of three be appointed, of which the President of the Association shall be chairman, to communicate with the Surgeon General of the Army, the chief of the Medical Bureau of the Navy, and the Secretary of the Treasury of the United States, with a view to secure the concurrence of these departments of the Federal Government, so that its contributions to the Medical Topography, the Vital Statistics, and the Sanitary Police of the nation may be made tributary to the labors of this Association."

The following is a list of officers for the ensuing year, reported by

the Committee on Nominations, and elected by the Association; *President*, PAUL F. EVE of Tennessee; *Vice Presidents*, R. J. Breckinridge of Kentucky, D. M. Reese of New York, W. H. Byford of Indiana, and Henry F. Campbell of Georgia. *Secretaries*, Robert C. Foster of Tennessee, A. J. Semmes of Washington City. *Treasurer*, Caspar Wister, of Philadelphia. The *Committee of Publication* consists of Francis G. Smith of Philadelphia, Chairman; Caspar Wister of Philadelphia, R. C. Foster of Nashville, A. J. Semmes of Washington, Samuel L. Hollingsworth of Philadelphia, Samuel Lewis of Pennsylvania, A. F. Askew of Delaware.

A number of resolutions were passed, expressing the gratitude of the members for the hospitality extended to them by the citizens of Nashville, the authorities of the State and City, the reporters and conductors of the press, &c. Of these we quote the following, which was offered by Dr. Pitcher:

"*Resolved*, That the members of this association, as recipients of the cordial, generous and elegant hospitalities extended to them by the profession and the citizens of Nashville, in placing on record an expression of thanks for the social amenities they have enjoyed during its tenth annual session, wish also to leave behind them the assurance, that the recollection of their short sojourn in Tennessee, will be cherished as dearly as the remembrance of the far-off sound of water, by the exhausted and way-worn traveller."

The next meeting of the Association will be held in Washington City, on the first Tuesday in May, 1858.

We omitted to state in the early part of this article, that the two enterprising delegates from New England were Dr. Charles Hooker, of Connecticut, and Dr. Adoniram Smalley, of New Hampshire.

THE QUARANTINE CONVENTION.

WE hoped to be able to lay before our readers to-day a full account of the proceedings of this important Convention. The authorized report not having, however, yet come to hand, we are compelled to offer a brief statement of the results of the deliberations, which we glean from the newspapers of the day. Of these, the most important were the adoption of a series of propositions in the form of resolutions, as expressing the sentiments of the Convention, as follows:

That there are certain diseases which may be introduced into a community by foul vessels and cargoes, and diseased crews and passengers.

That of these diseases, the most injurious are smallpox, and, under certain circumstances, typhus fever, cholera and yellow fever.

That when the latter diseases are introduced in this manner, their action is limited to individuals coming within their immediate influence, and cannot become epidemic unless there exist in the community circumstances which are calculated to produce such disease, independent of the importation.

That the circumstances alluded to consist in vitiated states of the atmosphere from local causes, in connection with peculiar meteorological conditions.

That efficient sanitary measures, including quarantine, will in most cases prevent the introduction of these diseases, and may at any rate disarm them of their virulence, and prevent their extension when introduced.

That the present quarantine regulations in operation in most of our States, are insufficient to prevent the introduction of disease, and are prejudicial to the interests of the community. Disease may be introduced,—

First, by a foul vessel, especially when measures are not taken to keep the hold free from stagnant and putrid bilge-water, and more particularly when there exist in the hold droppings and drainings from putrifiable matters which are allowed to penetrate and remain underneath the timbers of the ship.

2d, By cargoes consisting in whole or in part of rags, cotton, or other light porous substances, shipped from ports at which any malignant epidemic, or disease of a contagious and infectious character, prevailed at the time when the vessel was loaded.

3d, By the filthy bedding, baggage and clothing of emigrant passengers, particularly when they are crowded together in insufficient quarters, although the passengers themselves may be free from any actual disease.

4th, By the air that has been confined during the voyage in closely-sealed and ill-ventilated holds.

5th, By squalid and diseased passengers, landed and crowded together in unhealthy neighborhoods, or in small and ill-ventilated dwellings.

6th, By passengers and crews who are actually laboring under, or infected with any positively contagious disease, and by their bedding, clothing and baggage.

The above resolutions were adopted by a vote of 18 in favor, 2 against, and 1 tie vote. The States voting *aye* were Massachusetts, Rhode Island, New York, New Jersey, Pennsylvania, Delaware and Maryland. The only State voting *no* was Virginia, the delegation from the Norfolk Board of Health, and that from the Norfolk City Council, agreeing in this vote. The delegates from Louisiana disagreeing, the vote from that State was a tie.

The following additional propositions were discussed, and finally indefinitely postponed :

1. Yellow fever is not contagious, *per se*.
2. That it is only propagated in a foul or infectious atmosphere, analogous to that which gave it birth.
3. That the term "contingent contagion" is a misnomer, inapplicable to yellow fever; that whatever condition relates to yellow fever is essential, whether of an atmospheric or malarious condition, and that without these, yellow fever always ceases with the individual case.
4. That quarantine measures alone can never protect a community either from the introduction or propagation of disease, however rigid it may be, as it is but a branch of the important department of hygiene.
5. That we believe efficient sanitary measures, properly enforced, can always protect a community against the origination or extension of any of the above diseases, except smallpox.

Deaths in Boston for the week ending Saturday noon, May 30th, 60. Males 34—Females, 26.—Accident, 1—asthma, 1—stoppage in the bowels, 1—congestion of the brain, 1—cholera morbus (so reported, death after few hours' illness), 1—consumption, 11—convulsions, 1—croup, 2—dysentery, 1—dropsy in the head, 2—drowned, 1—debility, 2—infantile diseases, 1—puerperal, 1—gangrene (imperfurate anus, mortification followed incision), 1—erysipelas, 2—typhoid fever, 3—scarlet fever, 6—disease of the heart, 3—hemorrhage of the lungs, 1—hemorrhage (from blow on the head), 1—intemperance, 1—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 2—old age, 2—palsy, 1—smallpox, 1—teething, 1—tumor in brain, 1—tumor on shoulder, 1—whooping cough, 2.

Under 5 years, 23—between 5 and 20 years, 10—between 20 and 40 years, 9—between 40 and 60 years, 7—above 60 years, 11. Born in the United States, 44—Ireland, 14—other places, 2.

Professor Doremus's Lecture on Light.—Dr. R. Ogden Doremus, of the New York Medical College, lately attracted an immense audience of fully three thousand persons to the Academy of Music, in that city, as we learn from the Daily Times. He lectured on "Light," for the benefit of St. Ann's Church for Deaf-Mutes. For three hours and a half the Doctor kept his audience spell-bound. The most brilliant experiments were produced, on a gigantic scale, commensurate with the size of the building. The final experiment of the evening was the production of photographic pictures by electric light, a thing never before attempted with any considerable success. Mr. Brady officiated, with a large camera. The light produced was perfectly dazzling, and very sunlike. The experiment proved eminently successful.

Cases of Poisoning by Strychnia.—A case of accidental poisoning by strychnia, in which four grains were swallowed, and recovery took place, under chloroform treatment, is recorded in a West Canada newspaper, but has not as yet, we believe, been confirmed by medical testimony. The patient is said to have discovered his mistake as soon as he had swallowed the poison, and applied to a Dr. Swinburn, who at once gave him an emetic. Two large emetics failed to produce vomiting. Twenty minutes after the poison had been taken, tetanic symptoms showed themselves. Dr. Bly applied chloroform, which relieved the spasms in about three minutes, and stopped them completely in ten, when a third emetic was given; in about ten minutes vomiting was produced, and this effect was kept up by the free administration of warm water. The chloroform was constantly administered for seven hours, after which time the spasms ceased.—*Pharmaceutical Journal*, Jan. 1st, 1857.

Pepsine.—The dose of pepsine is about one scruple. The article sold under this name, is prepared by washing the rennet bags of sheep, pigs, &c., to cleanse them from adherent impurities, and then scraping off their mucous membranes with a knife. These membranes are then bruised and digested in distilled water for twelve hours. The resulting solution after being filtered, is treated with acetate of lead; the lead precipitate is diffused in water, and decomposed with sulphuretted hydrogen. The fluid thus obtained, after having been filtered, is evaporated to dryness, and mixed with an equal weight of starch. To the mixture a little lactic acid should be added, and, when dried, it forms the so-called pepsine.—*Amer. Druggists' Circular and Chem. Gazette*.

Dear Luxury.—The vanilla bean grows in Mexico, near Vera Cruz, and has become very profitable to the cultivators. The bureau at Washington has information that last year's importation of, and consumption in the United States of this article amounted to 5,000 pounds, at a cost of twenty dollars per pound, or \$100,000, paying the United States a duty of twenty per cent., or \$20,000. At the present time the vanilla bean is selling at from thirty to forty dollars per pound.—*Ibid*.

Cesarean Section.—M. Alloin, in the "Journal de Medecine et de Chirurgie Pratique," publishes an account of an operation successfully performed both for mother and infant. The sides of the incision in the abdomen were kept in contact by means of compresses and bandages, the operator being opposed to sutures in these cases.—*London Lancet*.

Amputation at the Hip-joint.—Dr. Geo. C. Blackman records (*Western Lancet*, Jan., 1857) a case of osteocephaloma of the femur, involving two-thirds of the shaft of the bone, in which he performed amputation at the hip-joint. At the date of the report, fifty-four weeks after the operation, there were two or three fistulous openings, probably communicating with the cotyloid cavity; but no appearance, as yet, of a return of the disease.—*Amer. Jour. of the Med. Sciences*.

Pathological Specimens.—Dr. Goadby uses the following mixture for the preservation of fresh anatomical and pathological specimens: rock salt, two ounces; nitrate of potash (to preserve color), two drachms; boiling water, four ounces. Mix and filter. This is said to be far superior to alcohol, and the color of preparations is better preserved.—*Western Lancet*.

Ligature of the External Iliac for Aneurism of Femoral Artery.—This operation has recently been successfully performed by Dr. Mercier, of New Orleans.—*New Orleans Med. and Surg. Journal*.